



Ohavi Zedek Synagogue

188 North Prospect St,

Burlington, VT 05401

802.864.0218

Amy Small, Rabbi

Steve Zeidenberg, Cantor

Sarah Glassman, Executive

Director

Max B. Wall z'l Rabbi Emeritus

Joshua Chasan Rabbi Emeritus

FULL CIRCLE PRESCHOOL ADMISSION FORM

Please remit a processing fee of \$75. You can make checks out to Full Circle Preschool and send via mail to 188 N. Prospect St. Burlington, VT 05401

We give priority enrollment to members of Ohavi Zedek. If you would like information on becoming a member, please contact Sarah Glassman at: sarah@ohavizedek.org

OZ Member: _____

Non-Member: _____

Child's Full Legal Name _____

Child's Preferred Name/Nickname _____

Sex _____ **Preferred Pronouns** _____

Birth Date or Due Date _____

SCHEDULING:

Days of week requested for child to be in the preschool center:

Full time (5 days M-F): _____

Part time (3 days MWF): _____

Part time (2 days TTh): _____

If the provided sequence of days does not work for you, please write it your scheduling needs below and we will do our best to work with you:

School day (9:00-4:00): _____

Extended day (8:00-4:30): _____

Only Early Care (8:00-4:00): _____

Only Late Care (9:00-4:30): _____



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FAMILY/EMERGENCY CONTACT:

Parent/ Guardian Name _____ Preferred Pronouns _____

Home Phone _____ Cell Phone _____

Home Address _____

Parent/ Guardian Name _____ Preferred Pronouns _____

Home Phone _____ Cell Phone _____

Home Address _____

The staff at Full Circle Preschool will only release the child to the person(s) formally authorized by the parent(s) and/or legal guardian(s). Please provide the information for two contacts who you authorize to remove your child from the center in case of illness, accident, or emergency. **Please list anyone who may pick up your child other than parent(s) or legal guardian(s).**

Contact 1 _____

Home Phone _____ Cell Phone _____

Home Address _____

Contact 2 _____

Home Phone _____ Cell Phone _____

Home Address _____

MEDICAL INFORMATION:

Name of Primary Physician _____



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Telephone Number_____

Address_____

Name of Dentist_____ **Telephone**_____

Address_____

Please note that an updated copy of your child's immunization records is required for enrollment. If we are able to provide your child with an enrollment spot, this must be submitted before your child's start date.

Please list all known allergies in detail:

Please list medical and/or dietary needs in detail:

Please tell us about your child:

I verify that the information on this admission form is complete and accurate

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date